

Public Affairs Office
American Embassy Bamako, Mali
Fulbright Scholar Program
2017 Visiting Scholar Preliminary Application Form

(Use 10-point or larger type, and do not hand write. Answers must fit in the space provided.)

1. Home country: _____

2. Category of grant: L ☐ L/R ☐

3. Title (*check one*): Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐

4 Gender: Male ☐ Female ☐

5. Family name: _____ First: _____ Middle:

6. Country(ies) of citizenship:

7. Country of legal residence:

8. Do you have or are you applying for U.S. permanent residency (*i.e., a green card*)?

Yes ☐ No ☐

9. Date of birth: _____

10. Place of birth: _____
month, day, year city, country

Name (*Last, First, Middle*)

11. Current position and start date:

job title of current position start date of current position (month/year)

Department/office, institution (*your complete mailing address, telephone, fax and e-mail*):

12. Academic credentials (*degrees—list three highest degrees*):

Name/Location of Institution	Field of Study	Name of Diploma or Degree	Date Received
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13. Most significant professional accomplishments, honors and awards and up to three significant publications:

14. Previous Fulbright grants (*if yes, list most recent first; specify whether student, scholar or visiting specialist grant and dates*):

15. Project title:

16. Brief summary of project statement (*Please use only the space provided. Do not attach additional pages.*):

Name (*Last, First, Middle*)

PROGRAM/PROFESSIONAL INFORMATION

17. Number of months required for project:

Date (*month/day/year*) you expect to

a. Depart from home country:

b. Begin your project:

c. Leave the United States: _____

18. Major academic discipline: _____

19. Specialization(s) (*list sub-fields within the academic discipline; for lecturing awards, list topics on which you would be willing to lecture*):

20. Professional travel and/or residence abroad during the last five years (*list countries, dates and purpose of activity*):

21. Cultural, educational and professional societies of which you are a member:

Name (*Last, First, Middle*)

22. Identification of referees: (*List the name, title, mailing and e-mail addresses and telephone and fax numbers of three persons from whom you have requested a letter of reference. These colleagues should know your work, and at least one should be from outside your home institution.*)

(1)

(2)

(3)

23. Self-assessment of English proficiency (*excellent, good or fair*):

Reading:

Writing:

Speaking:

Name (*Last, First, Middle*)

B. INSTITUTIONAL AFFILIATION PREFERENCES

24. Preferred host institution(s): (*If you have made arrangements for affiliation with a U., host institution, provide the following information and attach your letter of invitation. If you have not made arrangements for affiliation, you are strongly encouraged to identify three preferences in order of priority. Be sure to give detailed reasons for each choice, and confirm that these universities offer programs in your field of interest.*)

(1) Professor Department, Telephone, Fax and E-mail Institution and Institutional Address

Is a letter of invitation attached? Yes No

If you have not obtained a letter of invitation, provide reasons for suggested affiliation:

Letter of invitation expected: ☐ (by date: _____) No contact has been made:

(2) Professor, Department, Telephone, Fax and E-mail Institution and Institutional Address

Is a letter of invitation attached? Yes ☐ No ☐

If you have not obtained a letter of invitation, provide reasons for suggested affiliation:

Letter of invitation expected: (by date: _____) No contact has been made:

(3) Professor, Department, Telephone, Fax and E-mail Institution and Institutional Address

Is a letter of invitation attached? Yes ☐ No ☐

If you have not obtained a letter of invitation, provide reasons for suggested affiliation:

Letter of invitation expected: (by date: _____) No contact has been made:

Name (*Last, First, Middle*)

C. PERSONAL INFORMATION

25. Home mailing address, telephone, fax and e-mail:

26. Name, mailing address, telephone, fax and e-mail of person to be notified in case of emergency and his/her relationship to you:

27. Marital Status (*divorced, engaged, married, separated, single or widowed*):

28. Names of dependents who may accompany you to the U.S.. List each separately, and provide their relationship to you, date and place of birth and duration of stay (*defined as spouse and unmarried children under the age of 21*):

Name:

Country of Citizenship & Length of Stay:

Relationship:

Date of Birth:

City and Country of Birth

29. Do you expect to receive sabbatical pay, paid leave of absence or other sources of financial support during your Fulbright grant? Yes ☐ No ☐

If you answered Yes, please specify source(s) and amount(s) in U.S. dollars (please attach supporting documentation):

30. Physical impairment (*please describe, if any*):

Please Note: This information is gathered for statistical purposes and to ensure appropriate placement. The Fulbright Scholar Program does not discriminate on the basis of race, color, religion, sex, age, national origin or physical impairment.

By my signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete. I understand that final approval of my application is dependent upon my eligibility for a visa to the United States. I agree to return to my home country upon the expiration of my authorized stay in the United States.

Signature: _____

Date: _____

J. Reference Report (3 References are required)

Applicant should complete Part I and then give this form to the referee with the project statement.

PART I

Name of Applicant

Name of Referee

Position

Department

Institution

City/Country

Number of Months Required for Project:

PROJECT SUMMARY

(Detailed project statement should be given to the referee before Part II is completed.)

PART II

The referee should attach a typed letter on institutional letterhead addressing the items below and return it with this form to the local Fulbright organization at the address provided. The reference must be written in or translated into English and must be received by the deadline indicated below. Applications cannot be reviewed without reference reports.

1. How long and in what capacity have you known the applicant?

2. Please discuss the applicant's qualifications and the merits of the proposal by commenting on the following:
 - (a) applicant's credentials, potential and record of academic or professional accomplishments
 - (b) significance of proposal to the academic field
 - (c) importance of project to home country
 - (d) relevance of applicant's previous research and training to proposed project

3. Please address the applicant's cross-cultural adaptability and flexibility.

APPLICATION SUMMARY AND CHECKLIST

A correctly prepared application packet facilitates the review process and increases your chance for an award. It is your responsibility to ensure that the application is complete before submitting it to the Fulbright organization in your country.

Applications must be typed or computer generated. Use 10-point or larger type on all parts of the application. **Handwritten applications** will not be accepted.

All application components must be written in or translated into English.

A complete application includes:

- application form (4 pages)
- detailed project statement (3-5 pages typed)
- detailed curriculum vitae
- three reference reports

Supplementary documentation, where applicable:

- letters of invitation from U.S. institutions
- results of an English proficiency test
- course syllabi (for lecturing proposals; limit 10 pages)
- bibliography (for research proposals; limit 3 pages)
- evidence of financial support for accompanying dependents

Though not part of the application, a Medical History and Examination Form and copy of your passport data page is required before a Fulbright award can be finalized.